

State of Kansas

**Ryan White Title II
CARE Program**



**Care Services Manual for Kansans
Living with HIV-Infection**

Rvsd February 2003

Care Services Manual for Kansans Living with HIV-Infection

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RYAN WHITE CARE ACT INTRODUCTION

The AIDS epidemic has taken an unspeakable toll since its onset in the early 1980's. The epidemic has hit hardest among populations at high risk for poverty, lack of health insurance, and disenfranchisement from the health care system. In response, Congress enacted the Ryan White CARE Act in August 1990 to improve the availability of care for low-income, uninsured, and underinsured individuals and families affected by HIV disease. The CARE Act was reauthorized in May 1996 and again in October 2000.

The CARE Act funds primary care and support services for individuals living with HIV disease who lack health insurance and financial resources. CARE Act programs reach more than 500,000 individuals each year nationwide. While ambulatory health care and support services are the primary focus of the legislation, training, technical assistance, and demonstration projects are also funded. The CARE Act was passed in 1990, reauthorized in 1996 and again in 2000 for a five-year period. Below are listed the various funding sources (Titles) by which states and territories, clinics, programs and agencies have access.

Funding Source	Grantee	Description
Title I	Kansas City Metropolitan Area	Provides emergency relief to metropolitan areas that are disproportionately affected by HIV/AIDS
Title II	State of Kansas	Assists States and territories in improving the quality, availability, and organization of health care and support services for individuals and families with HIV disease, and provides access to needed pharmaceuticals through the AIDS Drug Assistance Program (ADAP)
Title III	University of Kansas – Wichita	Provides support for early intervention and primary care services for people with HIV/AIDS
Title IV	None	Enhances access to comprehensive care for children, youth, women and their families with/at risk for HIV, and access to research of potential clinical benefit
Special Projects National Significance (SPNS)	None	Supports the development of innovative HIV/AIDS service delivery models that have potential for replication in other areas, locally and nationally
HIV/AIDS Education and Training Centers (AETC's)	Mountain Plains Regional (Denver)	Supports training for health care providers to counsel, diagnose, treat, and manage individuals with HIV infection and to help prevent high risk behaviors that cause infection
Dental Reimbursement Program (DRP)	None	Provides support to dental schools, postdoctoral dental education programs, and dental hygiene programs for non-reimbursed care provided to persons with HIV disease

The Health Resources and Services Administration (HRSA), an agency of the Department of Health and Human Services, administers the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. The CARE Act is the largest source of Federal funding specifically directed to provide primary care and support services for persons living with HIV disease.

Ryan White Title II of the CARE Act . . .

Under Title II of the CARE Act, formula grants are awarded to the States and other eligible areas to improve the quality, availability, and organization of HIV health care and support services. Title II funds may be used to provide a variety of services, including:

- Ambulatory health care;
- Home-based health care;
- Insurance coverage;
- Medications;
- Support services;
- Outreach to HIV-positive individuals who know their HIV status;
- Early intervention services; and
- HIV Care Consortia, which assess needs and contracts for services.

Amongst these many direct care services, Title II of the CARE Act also funds the AIDS Drug Assistance Program (ADAP) and grants to States for Emerging Communities—those reporting between 500 and 1,999 AIDS cases over the most recent five years. ADAP's provide medications to low-income individuals with HIV disease, who have limited or no coverage from private insurance or Medicaid, in all 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam.

A number of factors affect key State decisions regarding ADAP's. The ADAP is just one of multiple, important sources of public and private funding for HIV treatment. Medicaid is by far the largest payer, providing treatment to over 50 percent of all adults with AIDS nationwide. However, State Medicaid plans vary widely in terms of eligibility and covered services. Other factors include the availability of affordable private insurance, insurance high-risk pools, and whether or not the State limits the extent to which private insurers may cap prescription benefits.

State of Kansas Title II CARE Program . . .

The Title II CARE Program in the State of Kansas has been assisting Kansans living with HIV before the enactment of the CARE Act in 1990. These resources included private donations, community-based organizations throughout the state and federal funding for a statewide ADAP (1987). Since this time, the Title II CARE Program has received federal and state funding for assistance with:

- AIDS drugs, through the statewide ADAP;
- Case Management, which include transportation
- Primary Care services;
- Dental Care services;
- Mental Health and Substance Abuse (MH/SA) services; and
- Home Healthcare services.

The State of Kansas, the Kansas Ryan White Title II CARE Program and the Kansas Title II Advisory Consortia, as defined that the purpose of these funds is to provide care for persons living with HIV infection who are not covered by public or private sources. They also assure that all Kansans living with HIV infection throughout the state have access to the resources to monitor, adhere, and treat infection, in order to achieve the highest quality of life possible.

The services described in this manual are supported by a federal grant available through the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act from the Human Resources Services Administration (HRSA) and a prevention grant through the Centers for Disease Control (CDC). The Kansas Department of Health and Environment HIV/STD Section Ryan White Title II CARE Program is responsible for administration of Title II programs.

Title II funds are to be accessed only when no other support is available, serving as payor of last resort. It should also be noted that services might not be available for the entire year if funds become limited.

RYAN WHITE TITLE II CARE PROGRAM GUIDELINES

The services described throughout this manual will have varying eligibility and reimbursement criteria. The format has been designed so that those services funded by the Kansas Ryan White Title II CARE Program will provide enough of the basic information that they can be copied and utilized as handouts. Below are listed an overall set of guidelines that apply to **all services administered** by the Kansas Ryan White Title II CARE Program. Most items may be reiterated upon throughout the manual. This is done to reflect the process of the varying programs and emphasize the basis of the guideline/procedure.

1. Title II funds are to be accessed **only** when no other support is available, serving as payor of last resort. It should also be noted that services might not be available for the entire year if funds become limited
2. The rate of reimbursement shall be the rate established by Medicaid or the rate listed under the service description;
3. The client will be allowed to choose among eligible providers;
4. **Prior to providing services**, providers shall assure that the client has been authorized by the Title II CARE Program to receive services. The program will not reimburse providers for services that are provided prior to authorization;
5. The Title II CARE Program will not make payment for any item or service to the extent that payment has been made, or can reasonably be expected, through the following:
 - Under any federal or state health benefits program (i.e., Medicaid, Medicare, MediKan, Healthwave and/or Veteran's Assistance (VA));
 - Under a group/individual private compensation program/insurance policy; and/or
 - By an entity that provides health services on a prepaid basis.
6. When clients are approved retroactively for any state administered benefits program, such as Medicaid, providers will be asked to invoice that entity back to the first of the month that status had been approved;
7. The program has the authority to review client records and provider invoices to assure that program guidelines are being followed;
8. The program reserves the right to verify and confirm eligibility of all enrolled clients applying for services recognizing;
9. The program and its contractors recognize and work to abide by state and federal statutes relating to a person's confidentiality, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA); in addition
10. The program shall be conducted in accordance with all state and federal nondiscrimination requirements. The standards for eligibility and participation in these programs shall be the same for all persons regardless of race, creed, color, national origin, handicap, sexual orientation or gender.

CLIENT ELIGIBILITY REQUIREMENTS

All Clients requesting assistance with services outside of case management services must submit completed Client and Medical Eligibility Forms. The following requirements must apply:

- Reside in Kansas,
- Have proof of HIV infection (i.e., signed Medical Eligibility Form, medical records),
- Documentation noting family income is at or below 300% of Federal poverty guidelines (i.e., paystub, unemployment check, Social Security award letter, W-2 form or income tax return) If client has no income, signed statement by client and enrolling case manager of why client has no income is required;
- Not be institutionalized or living within a facility that is primarily responsible for medical and health care services; **and**
- Provide updated information through an annual renewal process with their Ryan White Title II Case Manager **every 12 months. Any changes prior to this renewal process (i.e., income, address, insurability, etc.) must be reported immediately to their Ryan White Title II Case Manager.**

NOTE: The Ryan White Title II CARE Program reserves the right to verify and confirm eligibility of all clients applying for services recognizing state and federal statutes related to a person's confidentiality, including but not limited to the Kansas HIV Confidentiality Regulation (K.S.A. 28-1-26) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In accordance with these statutes and regulations, any documentation or communication necessary for client care management will be facilitated through the enrolling Ryan White Title II Case Manager.

2003 FEDERAL POVERTY GUIDELINES

<u>FAMILY SIZE</u>	<u>POVERTY LEVEL</u>	<u>300% POVERTY*</u>
1	\$ 8,980	\$ 26,940
2	12,120	36,360
3	15,260	45,780
4	18,400	55,200
5	21,540	64,620
6	24,680	74,040
7	27,820	83,460
8	30,960	92,880

** For each additional person, add \$ 3,140.00 (Income should be based on gross)*

SOURCE: Federal Register, Vol. 68, No. 26, February 7, 2003, pp. 6456-6458.

INSTRUCTIONS FOR COMPLETION OF KANSAS RYAN WHITE TITLE II CARE PROGRAM ENROLLEMENT

A certified Ryan White Title II Case Manager **MUST** facilitate the enrollment process for Kansas Ryan White Title II CARE Program Services. Enrollment into services, outside case management, requires the completion of the following applications:

- Client Eligibility Form;
- Medical Eligibility Form; and
- Supporting documentation

In order to expedite client enrollment, please note the following instructions in completion of these applications. **Lack of information or supporting documentation may delay processing of client enrollment into the program.** Information detailed in the following instructions is for those fields' areas on the forms that may need additional explanation. If you find that other areas on the forms that are not explained and need more clarification, please contact the central office at (785) 296-8891.

Client Eligibility Form

Client Information (Complete all of this section)

Physical Address is defined as the address where the client actually resides. This can also be their mailing address; however, some clients may not have a mailing address that could also act at their physical one. **This information is necessary in order to substantiate Kansas residency.** Examples of a situation where a client may have a differing physical address would be:

- Homeless client;
- Incarcerated client (for case management services only);
- Rural client; or
- Undocumented client (i.e., migrant farm worker)

Mailing address can include the following:

- Actual address;
- PO Box;
- Rural Route Box; or
- Agency or shelter where client can receive mail

Demographic Information (Complete all of this section)

Beginning January 1, 2003, the division of race and ethnicity must be defined by the categories listed below as reported by the client(s) enrolling for services:

- **American Indian or Alaska Native**
 - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian American**
 - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black/African American**

- A person having origins in any of the black racial groups of Africa.

Client Eligibility Form

Demographic Information (Continued)

- **Hispanic/Latino**
 - A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.
- **Native Hawaiian/Other Pacific Islander**
 - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White**
 - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Multi-racial**
 - A person having origins any of the above-mentioned classifications can have checked any that apply.
- **Language Barrier**
 - Define the primary language of the client if other than American English, i.e. American Sign Language (ASL), Korean, Spanish, French, etc.

Current Medical Coverage Information (Complete all of this section)

Medicaid Benefits

If the client is **eligible for Medicaid**, check “YES.” The following situations will apply:

- The client can get medical assistance through Medicaid and is requesting limited assistance (i.e. Dental Care) from the Title II CARE Program.
 - **DOCUMENTAION NECESSARY:**
 - **Copy of SRS approval letter showing the client’s medical assistance is active; OR**
 - **Copy of the Medicaid card must be submitted**
- The client is on a Medicaid spenddown. The Title II CARE Program may assist the client during the spenddown period.
 - **DOCUMENTAION NECESSARY:**
 - **Copy of the SRS approval letter noting spenddown.**

If the client is **not eligible for Medicaid**, check “NO.” The following situation will apply:

- **DOCUMENTAION NECESSARY: Copy of Medicaid denial letter**

If the client **has applied for Medicaid**, check “PENDING.” The following situations will apply:

- The client has applied for Medicaid and may be eligible for benefits, with or without a spenddown, yet has not received a letter or card stating eligibility;
- The client has applied for Medicaid and may not be eligible for benefits yet has not received a letter stating in-eligibility
 - **DOCUMENTAION NECESSARY: None**

In both cases, the client will be given a one-time Temporary Ryan White Title II Participant Card noting that the client is only eligible for services for 30 days or until documentation has been submitted.

Client Eligibility Form

Current Medical Coverage Information (Continued)

Healthwave Benefits

In order for a client to be eligible for Healthwave, Medicaid Managed Care, the client must be under the age of 19 years and fall within the financial guidelines outlined for the program.

If the client is **eligible for Healthwave**, check “YES.” The following situation will apply:

- The client can get medical assistance through Healthwave and does not need assistance from the Title II CARE Program.
 - **DOCUMENTATION NECESSARY: Copy of Healthwave Card**

If the client is **not eligible for Healthwave**, check “NO.” One of the following situations will apply:

- The client is over 19 years of age; or
- The client is under 19 years of age.
 - **DOCUMENTATION NECESSARY: Copy of denial letter, unless client is >19**

If the client **has applied for Healthwave**, check “PENDING.” One of the following situations will apply:

- The client has applied for Healthwave and may be eligible for benefits yet has not received a letter or card stating eligibility;
- The client has applied for Medicaid and may not be eligible for benefits yet has not received a letter stating in-eligibility;

In both cases, the client will be given a one-time Temporary Ryan White Title II Participant Card noting that the client is only eligible for services for 30 days or until documentation has been submitted.

Medicare Benefits

In order for a client to be eligible for Medicare, the client must be over 65 years of age or have been on Medicaid for two years and be considered disabled through Social Security and receiving Social Security Disability Income (SSDI).

If the client is **eligible for Medicare**, check “YES.” The following will apply:

- The client can get medical assistance through Medicare and requires limited assistance through the Title II CARE Program.
 - **DOCUMENTATION NECESSARY: Copy of Medicare card.**

If the client is **not eligible for Medicare**, check “NO.” The following will apply:

- The client is under 65 and/or has not been on Medicaid for more than two years and/or considered disabled.
 - **DOCUMENTATION NECESSARY: None**

Client Eligibility Form

Current Medical Coverage Information (Continued)

Indian Health Services

If the client is eligible for Indian Health Services, check “YES.” The following will apply:

- The client resides on a recognized Indian Reservation;
- The client can get medical assistance through Indian Health Services;
 - **DOCUMENTAION NECESSARY:**
 - **Copy Indian Health Services card; OR**
 - **Copy of letter stating eligiblity**

If the client is not eligible for Indian Health Services, check “NO.” The following will apply:

- The client does not reside on a recognized Indian Reservation
 - **DOCUMENTAION NECESSARY: None**

Veterans Benefits

In order for a client to be eligible for Veteran’s Benefits, the client must have served a total of 180 days in the Armed Forces and not be discharged dishonorably. Verification MUST be determined by calling your local Veterans Affairs Office. If the client states that s/he is eligible for Veterans Benefits but chooses not to access those services because of a lack of standard of care, contact the Field Operations Manager or ADAP Coordinator immediately.

If the client has not served, at any time, in the United States Armed Forces (i.e., Army, Air Force, National Guard, etc), check “Enrollee has not served in the United States Armed Forces”

- **DOCUMENTAION NECESSARY: None**

If the client has served, at any time, in the United States Armed Forces (i.e., Army, Air Force, National Guard, etc.), check “Enrollee has served in the United States Armed Forces”. The following will apply:

- Call the local Veterans Affairs Office;
- Inquire whether the client is eligible for Veterans Affairs (VA) Benefits;
- Inquire the name of the person verifying the information;
- If the Client is eligible for VA Benefits:
 - Inquire the date the client became eligible for benefits;
 - Inquire the type of services for which the client is eligible for;
 - Inquire if the client has accessed services;
 - Ask to have the information mailed or faxed as supporting documentation;
 - Check the “Eligible” box AND document the information;
 - Client IS NOT eligible for Title II Services
 - **DOCUMENTATION NECESSARY: Faxed/Mailed information from VA**
- If the client is not eligible for VA Benefits:
 - Inquire the name of the person verifying the information,
 - Inquire the reasoning of lack of eligibility, if able to,
 - Ask to have the information mailed of faxed as supporting documentation;
 - Check the “Not Eligible” box AND document the information;
 - Client IS eligible for Title II Services
 - **DOCUMENTATION NECESSARY: Faxed/Mailed information from VA.**

Client Eligibility Form

Current Medical Coverage Information (Continued)

Other Medical Benefits

If the client does not have any other type of other medical benefit(s) not addressed in the previous questions (i.e., private health insurance), check “NO”.

- **DOCUMENTATION NECESSARY:** None

If the Client does have other medical benefit(s) not addressed in the previous questions (i.e., private health insurance), check “YES.”

- **DOCUMENTATION NECESSARY:**
 - Copy of Insurance Card

Income Information (Complete all of this section)

Annual Family Income

In order to be eligible, the applicants/families **total** income must fall within 300% of the Federal Poverty Guidelines.

- **DOCUMENTATION NECESSARY:**
 - Copy of a recent pay statement;
 - Copy of a recent monthly public support check; or
 - Copy of last year's income tax return.

Program Requirements (Complete all of this section)

Before the Ryan White Title II Case Manager and Client sign the form, please ensure that both parties have read and understand the program requirements.

Medical Eligibility Form

Beginning July 1, 2003, all clients enrolling into Kansas Ryan White Title II CARE/ADAP services will be required to have their physician submit an Adult or Pediatric HIV/AIDS Confidential Case Report Form with the standard Medical Eligibility Form.

Physical Address is defined as the address where the client actually resides. This can also be their mailing address; however, some clients may not have a mailing address that could also act as their physical one. **This information is necessary in order to substantiate Kansas's residency.** Examples of a situation where a client may have a differing physical address would be:

- Homeless client;
- Incarcerated client (for case management services only);
- Rural client; or
- Undocumented client (i.e., migrant farm worker)

Mailing address can include the following:

- Actual address;
- PO Box;
- Rural Route Box; or
- Agency or shelter where client can receive mail

Demographic Information (Complete all of this section)

Beginning January 1, 2003, the division of race and ethnicity must be defined by the categories listed below as reported by the client(s) enrolling for services:

- **American Indian or Alaska Native**
 - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian American**
 - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black/African American**
 - A person having origins in any of the black racial groups of Africa.
- **Hispanic/Latino**
 - A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.
- **Native Hawaiian/Other Pacific Islander**
 - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White**
 - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Multi-racial**
 - A person having origins any of the above-mentioned classifications can have checked any that apply.
- **Language Barrier**
 - Define the primary language of the client if other than American English, i.e. American Sign Language (ASL), Korean, Spanish, French, etc.

Application Submission Process

The application submission process consists of the following:

- Completed Client Eligibility Form;
- Completed Medical Eligibility Form, including:
 - **Completed Adult or Pediatric HIV/AIDS Confidential Case Report;**
- Supporting documentation as noted in sections below. These consist of:
 - **Proof of income;**
 - **Proof of Medicaid status**

Completed applications must be sent to:

**Kansas Department of Health and Environment
Bureau of Epidemiology and Disease Prevention
Attn: Ryan White Title II CARE Program (Confidential)
1000 SW Jackson, Suite 210
Topeka, KS 66612-1274**

Or by use of the programs confidential fax: **(785) 291-3420**

If applications are being faxed to the central office, the following MUST apply:

- Enrolling case manager must contact the central office at (785) 296-8891 prior to faxing;
- The fax must contain the following:
 - Itemized coversheet,
 - The application;
 - All necessary supporting documentation
- Once the fax has been received, central office staff will contact the case manager noting the receipt of the fax and its contents. **PLEASE NOTE: Eligibility will not be given at that time.**

If a phone call is not received within ten minutes of the fax, please contact the central office at (785) 296-8891.

Once the application forms are received, they are checked for completion of all information. If there is missing information, the case manager will be contacted through **phone or email**. Situations that may make an application incomplete may be the following:

- Lack of Medical Eligibility Form;
- Lack of supporting documentation;
- Incorrectly calculated income; or
- Other situations that may arise infrequently

If CONTACT on missing documentation is not followed up within five (5) business days, the submitted application and accompanying information will be shredded. This is done in order to ensure the confidentiality of the enrolling client. Conditions applicable to this policy are the following:

- Emergent enrollment paperwork has been completed and awaiting documentation agreed by the case manager and Field Operations/ADAP Director; or
- Central office has been requested to maintain application by case manager until following information is sent

Conditions not applicable to this policy are those applications approved under a “Pending” status due to lack supporting documentation.

Upon completion of the application process, the client will be enrolled under two (2) conditions:

- Active; or
- Pending

Active Status

When the application has been approved by central office, the enrolling client will be automatically given a participant number. This number will be imprinted on a Kansas Ryan White Title II CARE Program Participant Card. This card will contain the following information:

- Client’s name;
- Client’s participant number;
- Expiration date of covered services;
- Client’s enrolling case manager and their phone number; and
- Area for client signature

Pending Status

Upon completion of application process:

When the application process has been pended, the enrolling client will still be given a participant number. However, this number will be imprinted on a Kansas Ryan White Title II CARE Program Temporary Participant Card. This card will contain the same information as an approved application with the following exception:

- Eligibility of services are only allowed for thirty (30) days after the receipt of application

While client is within Title II CARE Program services:

The client can be moved from "Active" to "Pending" status for the one or all of the following changes:

- Income changes, awaiting proofing;
- Insurability changes (i.e., private insurance, state/federal), awaiting proof;

The client may not receive a card for these changes in status.

EMERGENT ENROLLMENT PROCESS

The Kansas Ryan White Title II CARE/ADAP understands that there may be occasions where a client needs services immediately, mostly for medication coverage. In any of these types of situations, please contact the Field Operations Director and/or ADAP Director.

The Participant Card must be presented to each provider at the time of services and is NOT a guarantee of reimbursement. Providers must receive prior authorization to ensure availability of funds.

**If you have any questions while filling out any of the eligibility forms,
please call the Ryan White Title II CARE Program Offices
(785) 296-8891 in Topeka
(316) 337-6136 in Wichita**

INSTRUCTIONS FOR COMPLETION OF RENEWAL FOR THE KANSAS RYAN WHITE TITLE II CARE PROGRAM

As with enrollment into the program, renewal must also be facilitated by a certified Ryan White Title II Case Manager. Renewal into the program must occur annually. If the renewing client has not followed up with case management for 90 days after the expiration date, the client will be required to re-enroll into the program.

Renewal completion requires the following:

- Renewal Form; and
- Supporting documentation (if necessary)

If the client **has not renewed after 90-days of the expiration date**, the client **must re-enroll** as a new client by completing the following applications:

- Client Eligibility Form; and
- Supporting documentation

A Medical Eligibility Form is required as long as a copy of the previous submission is available.

In order to expedite client the renewal process, please note the following instructions in completion of these applications. **Lack of information or supporting documentation may delay processing of client renewal into the program.** Information detailed in the following instructions is for those field areas on the forms that may need additional explanation. If you find that other areas on the forms that are not explained and need more clarification, please contact the central office at (785) 296-8891.

Renewal Form

Client Information (Complete all of this section)

Physical Address is defined as the address where the client actually resides. This can also be their mailing address; however, some clients may not have a mailing address that could also act as their physical one. **This information is necessary in order to substantiate Kansas residency.** Examples of a situation where a client may have a differing physical address would be:

- Homeless client;
- Incarcerated client (for case management services only);
- Rural client; or
- Undocumented client (i.e., migrant farm worker)

Mailing address can include the following:

- Actual address;
- PO Box;
- Rural Route Box; or
- Agency or shelter where client can receive mail

Renewal Form

Income Information (Complete all of this section)

In order to be eligible, the applicant must answer the questions indicated on the form. Questions must be answered taking the previous year into context. If any of the answers to the questions present a “Yes” response, **documentation of income is necessary**. If “No” is presented for **all** answers, justification of lack of change must be addressed through responses to the questions indicated.

- **DOCUMENTATION NECESSARY (Only if there is a YES response):**
 - Copy of a recent pay statement;
 - Copy of a recent monthly public support check; or
 - Copy of last year's income tax return.

Determination of Income and Medicaid Status (Check all that apply)

Check the necessary box indicating whether there have been changes over the previous year. IF THERE ARE CHANGES, the following must be submitted:

- Proof of income; and
- Copy of a Medicaid card; or
- Copy of Medicaid denial; or
- Notification of Medicaid status being determined.

PLEASE NOTE: If the applicants income decreased over 50%, fell beneath 100% FPL or client has claimed disability over the past year, the applicant is required to reapply with Medicaid.

Once this information is completed, the case manager completeing the paperwork and the renewing client **MUST** sign and date the application. IF THE CASE MANAGER COMPLETING THE PAPERWORK **IS DIFFERENT** THAN THE CASE MANAGER TO BE ASSIGNED, **PLEASE NOTE** THIS ON THE APPLICATION. If this is not done, it will be assumed that the case manager completeing the paperwork IS the case manager assigned to the client.

Renewal Application Submission Process

The renewal application submission process consists of the following:

- Completed Renewal Form;
- Supporting documentation as noted in sections below. These consist of:
 - **Proof of income**
 - If there has been a change since the previous submission
 - **Proof of Medicaid status**
 - If there has been a significant change in income

Completed renewal applications must be sent to:

**Kansas Department of Health and Environment
Bureau of Epidemiology and Disease Prevention
Attn: Ryan White Title II CARE Program (Confidential)
1000 SW Jackson, Suite 210
Topeka, KS 66612-1274**

Or by use of the programs confidential fax: **(785) 291-3420**

If renewal applications are being faxed to the central office, the following MUST apply:

- Enrolling case manager must contact the central office at (785) 296-8891 prior to faxing;
- The fax must contain the following:
 - Itemized coversheet,
 - The application;
 - All necessary supporting documentation
- Once the fax has been received, central office staff will contact the case manager noting the receipt of the fax and its contents. **PLEASE NOTE: Eligibility will not be given at that time.**

If a phone call is not received within ten minutes of the fax, please contact the central office at (785) 296-8891.

Once the renewal application forms are received, they are checked for completion of all information. If there is missing information, the case manager will be contacted through **phone or email**. Situations that may make an application incomplete may be the following:

- Lack of supporting documentation;
- Incorrectly calculated income; or
- Other situations that may arise infrequently

If CONTACT on missing documentation is not followed up within five (5) business days, the submitted application and accompanying information will be shredded. This is done in order to ensure the confidentiality of the enrolling client. Conditions applicable to this policy are the following:

- Emergent enrollment paperwork has been completed and awaiting documentation agreed by the case manager and Field Operations/ADAP Director; or
- Central office has been requested to maintain application by case manager until following information is sent

Conditions not applicable to this policy are those applications approved under a “Pending” status due to lack supporting documentation.

Upon completion of the renewal application process, the client will be enrolled under two (2) conditions:

- Active; or
- Pending

Active Status

When the renewal application has been approved by central office, the enrolling client will continue to utilize the previous participant number; however, the expiration date will change reflecting the new term of coverage.

Pending Status

When the renewal application process has been **PENDED**, the enrolling client will still continue to utilize the previous participant number; however, the expiration date will reflect the thirty (30) day temporary coverage.

CASE MANAGEMENT SERVICES

Ryan White Title II Case Management is a comprehensive service delivery system designed to link individuals with needed care components. Enhancing client self-care, independence and self-determination are the primary goals of this program. Clients are expected to be involved in all aspects of their care, including problem-solving functions to the maximum extent possible. Proactive, coordinated efforts by healthcare providers in community-based organizations will assist clients in obtaining optimum wellness, as well as making the best possible use of available resources. Attention to continuity of care will decrease service inaccessibility and fragmentation.

The role of the Case Manager is multi-faceted. In addition to outreach and intake, the Case Manager is responsible for:

- Assessing the individual's need for services;
- Determining availability and feasibility of services;
- Developing a plan of care that includes home and community-based services appropriate to the individual's medical, social, and financial condition;
- Arranging for service delivery;
- Monitoring service delivery;
- Maintaining confidentiality of client records within the service delivery system; and
- Conducting ongoing evaluation of the effectiveness of the plan of care.

Certification of Case Management Services

As the front line in providing vital service linkages for people living with HIV/AIDS, case managers must be adequately and appropriately experienced and trained. While imposing a statewide standard for the type of experience required of a case manager is not feasible, training and certification of the skills and knowledge case managers must possess are both possible and desirable. To achieve this end, the following will guide the training and certification process:

- Minimum education and /or experience requirements of a case manager shall be:
 - An RN with BSN or Social Worker with BSW or other related health or human services degree from an accredited college or university, or
 - Related experience in full time service equivalent to two years regardless of education
- Completion the current KDHE HIV/AIDS testing and counseling certification program, educators certification program and update trainings;
- All case managers must attend all statewide mandatory case managers meeting/education updates provided by KDHE semi-annually, including statewide Advisory Consortia Meetings; and
- Any agency not providing case managers who are not in compliance with the certification guidelines will be in violation of contractual agreements and must resolve the issues with the KDHE HIV/STD Section Director. Non-compliance could result in the termination of the case management contract provided through Kansas Ryan White Title II.

For a Kansas Ryan White Title II Case Management Site, see page 39.

AIDS DRUG ASSISTANCE PROGRAM

The Kansas Ryan White Title II CARE Program AIDS Drug Assistance Program (ADAP) is designed to assist in the purchase of specific medications for the treatment of HIV/AIDS. The ADAP pharmacy network is made up of numerous “small town” and chain pharmacies throughout the State of Kansas. The Kansas ADAP is also funded through a federal earmark granted by HRSA and state generated dollars.

Services

Services are available to all enrolled clients within the Kansas Ryan White Title II CARE Program, even while on Medicaid during eligibility determination and/or their spenddown period. These services provide reimbursement for medications listed on the Kansas ADAP Medication Formulary. This formulary currently includes all FDA-approved medications for the treatment of HIV infection, including other medications that are utilized for prevention and treatment of secondary infections. The HIV/STD Section, with the guidance of the Kansas Ryan White Title II Advisory Consortia, reserves the right to add and/or delete any medication to/from the formulary.

Medicaid Spenddown Assistance (MSA) Program

The Medicaid Spenddown Assistance (MSA) Program was created to assist clients during their spenddown period on the statewide Medicaid. The only means by which the program can assist clients with spenddown is through state-generated dollars; not the federal dollars granted annually through HRSA. The following conditions must apply:

- Utilizing medication(s) on the current Kansas Ryan White Title II ADAP formulary;
- Eligible for Medicaid with a spenddown; and
- Cost of medication(s) over spenddown period exceeds that amount indicated by spenddown.

The Kansas Ryan White Title II CARE Program and the case manager will determine when a client is found eligible for MSA services. Tracking of services are processed internally. Once the applicable client has met their spenddown, notification is sent to:

- Ryan White Title II Case Manager;
- Social Rehabilitation Services Case Worker; and
- Pharmacy Provider

Reimbursement

Prior Authorization must be obtained by pharmacies prior to dispensing formulary medication(s) to ensure the following:

- Eligibility of client;
- Eligibility of provider;
- Formulary-approved medication; and/or
- Third-party payor

Once the authorization is approved, the pharmacy is then able to dispense medication(s). The initial prescription and any subsequent refills **will not exceed a 30-day supply**. **For a more detailed explanation, see Reimburse Procedures, Page 27.**

Certification of Pharmacy Providers

- Current license with the Kansas State Board of Pharmacy;
- Current State of Kansas Vendor Identification Number;
- Medicaid Provider; and
- Signed agreement with Kansas Ryan White Title II CARE Program

To verify if a pharmacist or pharmacy is participating with the Kansas ADAP, please contact a local Kansas Ryan White Title II Case Manager (Page 35).

Kansas Ryan White Title II Medication Formulary¹

(Updated 12/02)

Acyclovir
Agenerase (Amprenavir)
Amitriptyline

Bactrim (Trimethoprim/Sulfamethaxazole)
Bactrim DS (Trimeth/Sulfameth DS)
Biaxin (Clarithromycin)

Cleocin (Clindamycin)
Combivir
Crixivan (Indinavir)

Dapsone
Diflucan (Fluconazole)

Epivir (Lamivudine)

Famvir (Famciclovir)
Flagyl (Metronidazole)
Fortovase (Saquinavir)

Hivid (Zalcitabine)
Hydroxyurea
Humatin (Paromomycin)

Invirase (Fortovase, Saquinavir)
Itraconazole (Sporanox)

Kaletra

Marinol (Dronadinol)
Megace (Megestrol Acetate)
Mepron (Atovaquone)
Myambutol (Ethambutol)
Mycelex Trouche (Clotrimazole)
Mycobutin (Rifabutin)
Mycostatin (Nystatin)

Nebupent (Pentamidine Isethionate)
Nizoral (Ketoconazole)
Norvir (Ritonavir)

Keflex (Cephalexin)
Keftab (Cephalexin Hydrochloride)
Klonopin (Clonazepam)³

Oxandrin

Rescriptor (Delavirdine Mesylate)
Retrovir (Ziduvudine)

Septra/Septra DS (SMZ-TMP/SMZ-TMP DS)
Sporanox (Itraconazole)
Sustiva (Efavirenz)

Trazadone³
Trizivir

Valcyte (Valgancyclovir)²
Valtrex (Valacyclovir)
Videx (Didanosine)
Videx EC
Viread (tenofovir disoproxil fumarate)
Viracept (Nelfinavir Mesylate)
Viramune (Nevirapine)

Zerit (Stavudine)
Ziagen (Abacavir Sulfate)
Zithromax (Azithromycin)

¹ The program reimburses on generic, when available, at the Medicaid rate.

² Indicated for **active treatment** of CMV. Documentation of CMV-related disease must be provided. Cytovene (Gancyclovir) will only be continued for those clients still utilizing this therapy.

³ Indicates "Psychotropic Medication" other medications that may be used will be covered based upon committee review by a request from provider

Bold indicates newly added medication to formulary.

DENTAL CARE SERVICES

The Kansas Ryan White Title II CARE Program Dental Care Program assists clients in preventative oral hygiene and infection control that can pose a greater burden on the immune system. As health care professionals, dentists have the moral, ethical and legal obligation to attend to the oral health needs of all patients.

The "healthy" HIV infected patient with a CD-4 count above 200 can usually receive routine dental treatment in the office of a general practitioner. No special procedures -- only universal precautions -- are required. Individuals HIV-status should be obtained in every health history, but it must not be used as a "barrier" to access to dental care. It is privileged information and must not be disclosed by the dentist or office staff.

The Dental Care Provider Network is made up of limited providers throughout the State of Kansas that are willing to provide these services.

Services

Services are available to all eligible Title II clients, without exception of Medicaid status. The dental care program provides services related treatment process of HIV-infection. These services include, but are not limited to: routine cleanings, extractions, dentures (if needed) and/or other procedures that relate to the preventive care and infection control of the client.

Reimbursement

Eligible client are able to utilize up to \$150 per visit without prior authorization. If a service(s) are to be found to exceed the maximum allowable, please contact the Kansas Ryan White Title II Office at (316) 337-6136

For a more detailed explanation, see Reimburse Procedures, Page 27.

Certification of Dental Care Providers

- Current license with the Kansas Dental Board or comparable licensure board, and
- Signed agreement with Kansas Ryan White Title II CARE Program

Continued education for providers is a defined requirement of being a provider with the Kansas Ryan White Title II CARE Program

To verify if a dentist or dental clinic is participating with the Kansas Ryan White Title II CARE Program, please contact a local Kansas Ryan White Title II Case Manager (Page 35).

PRIMARY CARE SERVICES

The Kansas Ryan White Title II CARE Program Primary Care Services allow clients to access qualified medical professionals throughout the state for treatment of HIV-infection and illnesses related to the progression of the infection. The Primary Care Services Network is one of the cornerstones of HIV care in the State of Kansas. As eligible clients access these services, they can be monitored and treated by physicians with the expertise in treating HIV-infection.

HIV Early Intervention Services are also provided through dedicated primary care services. The clinics are contracted with the Kansas Department of Health and Environment throughout the state. For a list of these contracted clinics, see Appendix #####.

Services

Services are available to eligible Title II clients for any service related to the diagnosis, monitoring and treatment of HIV-infection and those disease states or illnesses associated with this infection. These include, but are not limited to:

- Physician and nurse visits;
- Diagnostic tests; and
- Minor in-office procedures;

Reimbursement

Prior authorization is not required for any service; however, services are only reimbursable at:

- Medicaid rate; and
- Treatment of HIV-infection

For a more detailed explanation, see Reimburse Procedures, Page 27.

Certification of Primary Care Providers

Physicians and Physician Assistants

- Must hold a current license with the Kansas Board of Healing Arts or with the comparable licensure board in the state where they practice;
- Provide services with a physician who is operating under a current participation agreement with the Kansas Department of Health and Environment Ryan White Title II CARE Program;
- Approved Medicaid vendor

Nurses and Advanced Registered Nurse Practitioners

- Must hold a current license with the Kansas State Board of Nursing or comparable licensure board in the state where they practice;
- Provide services with a physician who is operating under a current participation agreement with the Kansas Department of Health and Environment Ryan White Title II CARE Program;
- Approved Medicaid vendor

Continued education for providers is a defined requirement of being a provider with the Kansas Ryan White Title II CARE Program

To verify if a physician or clinic is participating with the Kansas Ryan White Title II CARE Program, please contact a local Kansas Ryan White Title II Case Manager (Page 35).

MH/SA SERVICES

The Kansas Ryan White Title II CARE Program Mental Health/Substance Abuse (MH/SA) services allow clients to address needs and coping mechanisms that not only range from painful emotions that typically accompany an anti-body test result to decision-making in a number of important areas of their lives in which there is a great deal of uncertainty. “This includes uncertainty about medical prognosis, health care options, how best to spend one's time and plan for the future, and how to share the news of being seropositive with others.”

Services

Services are available to all eligible Title II clients, without Medicaid exception. MH/SA services provide clients with the means to address issues related to challenges faced with living with HIV-infection. These services include, but are not limited to: individual counseling, group counseling, pain management, and medication adherence counseling.

Reimbursement

Eligible client are able to utilize up to \$1,500 per grant year (April thru March). **Preauthorization must** be obtained from Ryan White Title II CARE Program Office for all visits offered after the initial visit at (316) 337-6136

For a more detailed explanation, see Reimburse Procedures (Page 27).

Certification of MH/SA Providers

Substance Abuse Outpatient Treatment

- Facility must maintain license with SRS **and** be KADACA certified; and
- Signed agreement with Kansas Ryan White Title II CARE Program

HIV/AIDS-Related Mental Health Treatment

- Current state licensed as MD or DO with specialty in psychiatry, LCPhD, LCSW, and LMSW;
- In good standing with Behavioral Sciences Regulatory Board (BSRB); and
- Signed agreement with Kansas Ryan White Title II CARE Program

Continued education for providers is a defined requirement of being a provider with the Kansas Ryan White Title II CARE Program

To verify if a mental health therapist or substance abuse outpatient treatment facility is participating with the Kansas Ryan White Title II CARE Program, please contact a local Kansas Ryan White Title II Case Manager (Page 35).

KANSAS HEALTH INSURANCE ASSISTANCE (KHIA) PROGRAM

The Kansas Health Insurance Assistance (KHIA) Program is designed to assist clients who are returning to work and/or are currently employed yet do have stability to maintain the financial responsibilities associated with group coverage. An article in the *Employment World 2000* states that not only is our culture very preoccupied with work but that what type of work describes who and what we are. The loss of a job and its affects on relations with co-workers, schedules and regular income can alter our perceptions of how we look at ourselves and the environment we are in.

KHIA assist clients by overcoming some of the financial barriers that come with either beginning a new job or dealing with the loss of a current job. Because employment can affect many aspects of a client's life, KHIA hopes to at least allow clients not worry about those aspects that may also affect their ability to maintain good health and adherence to a good HIV treatment regimen.

KHIA currently assists eligible clients in premiums and/or co-pays directly related to utilization of medications administered through the Kansas AIDS Drug Assistance Program (ADAP).

Services

Services are available to all eligible Title II clients who currently have or are in the process of obtaining private health insurance and are directly related to the utilization of medications through the Kansas AIDS Drug Assistance Program (ADAP).

Reimbursement

Premium assistance:

Clients eligible for premium assistance through the KHIA can have the cost of their portion of the premium reimbursed through their employer, their insurance beneficiary or their enrolled community-based organization. All premiums are made quarterly in order to ensure credible coverage throughout the year.

Co-pay assistance:

Clients eligible for co-pay/co-insurance assistance through the KHIA may have their portion of co-pays reimbursed by the Kansas Ryan White Title II ADAP on formulary medications only. The client will be provided a Kansas Ryan White Title II Participant Card for the co-payment portion to be reimbursed; however, the private insurance **MUST** be the primary billing source.

Certification of KHIA Providers

Certification within the KHIA Programs is based on client's need. These providers are not required to enroll into Title II services as "typical" providers. However, providers must have a current FEIN in order to have services reimbursed. All enrollment is referred by Kansas Title II Case Management sites or though the Kansas Health Insurance Assistance Program Manager at (785) 296-8701.

HOME HEALTHCARE SERVICES

The Kansas Ryan White Title II CARE Program offers services for home healthcare in order to allow clients to access the resources needed to remain at home while recovering from illness (es) related to HIV-infection. Home healthcare services are one of the least accessed services in the Kansas Ryan White Title II CARE Program due to the outcome of the new life sustaining medical breakthroughs. The long-term outcome of this reflects to inadequate funding when real needs arise. The intention of providing these resources through the Title II program is to supplement those services that are not covered by other payors, such as Medicaid, Medicare or private insurance.

Services

Services are available to all eligible Title II clients. Services will be dependant upon secondary payors, such as Medicaid or Medicare. Home healthcare services include, but are not limited to the following categories.

Skilled Nursing

Defined as home visits by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) operating within the scope of practice as defined by the Kansas Nurse Practitioners Act. Psychiatric nursing must be billed as skilled nursing.

The program defines skilled nursing responsibilities by an RN as the following:

- Initial and ongoing assessments;
- Initiating and updating care plans;
- Communication with physicians;
- Supervision of aides;
- Medication set-up and administration;
- Invasive procedures;
- Individualized teaching as outlined by the care plan;
- Diabetic nail care;
- Treatment and evaluation of wounds; and/or
- Delivery of aerosolized pentamidine.

The program defines skilled nursing responsibilities by an LPN as the following:

- Ongoing assessments;
- Updating care plans;
- Communicating with physicians;
- Medication set-up and administration **excluding IV's;**
- Invasive procedures;
- Individualized teaching as outlined by the care plan **excluding teaching related to parenteral procedures (e.g., IV's, Hickman catheters);**
- Diabetic nail care;
- Treatment and evaluation of wounds; and/or
- Delivery of aerosolized pentamidine.

Combination of services:

- Skilled nursing visit and a supervisory visit when performed at the same time constitutes one visit;
- RN performing both aide and skilled nursing duties constitutes one skilled visit; and/or
- Non-skilled visit performed by an RN or LPN constitutes a home health aide visit.

HOME HEALTHCARE SERVICES (cont.)

Home Health Aide Services

Defined as up to one home visit every 24 hours by a home health aide. Activities that the aide may perform include:

- Bathing (bed, shower, tub);
- Shaving, assisting with mouth care, shampooing and other activities of personal care;
- Changing bed linens, underpad, incontinent care, etc.;
- Taking vital signs including blood pressure, pulse, temperature and respirations;
- Assisting with ambulation or simple exercises;
- Preparing and assisting with meals; and/or
- Other activities as per the physician's written orders.

Home Intravenous Drug Therapy

Defined as the administration of any IV drug therapies in the home by which are prescribed by a physician, include but not limited to antibiotics, TPN, and pain medications. Services include:

- IV drugs, preparation and administration;
- TPN administration; and/or
- All IV equipment and supplies.

Attendant Care

Defined as non-professional attendant care that may include basic assistance with daily living needs such as:

- House cleaning;
- Shopping;
- Laundry;
- Cooking and/or meal preparation; and/or
- Companionship.

Durable Medical Equipment/Non-durable Supplies

Disposable items will be purchased. Items of durable medical equipment may be purchased if it is more cost effective to do so. The following will be provided:

- Wheel Chairs/lifts;
- Walkers/braces/splints;
- Crutches/canes;
- Catheters and related supplies;
- Dressings/ostomy supplies;
- Decubitus care equipment and supplies;
- Nebulizers;
- Oxygen, oxygen tubing, masks, nasal cannulas, compressors, IPPB;
- Syringes, IV equipment and tubing, pumps;
- Hospital beds;
- Bath/shower seats/bedside commodes;
- Underpads/incontinent care items; and/or
- Other supplies as needed with prior approval.

HOME HEALTHCARE SERVICES (cont.)

Routine Diagnostic Tests Administered in the Home

Defined as home visits by a RN or LPN for up to one visit every 24 hours to provide the following activities and necessary supplies listed below. The service will also cover the processing of corresponding lab studies and/or tests. Tests include, but are not limited to, the following:

- Venipuncture or finger sticks for blood collection;
- Sputum collection;
- Collection of any and all specimens for culture as may be directed by a physician;
- Collection of urine specimens (clean catch or cath);
- Hemocults; and/or
- Monitoring of vital signs to determine treatment modalities, i.e., monitoring BP to determine drug use/nonuse.

Routine Home/Continuous Home Care Services

Routine Home Care covers:

- All the necessary social services, nursing care, equipment, medications, OT, PT, homemaker/personal services in the home.

Continuous Home Care covers:

- Nursing care in the home of which 50% must be professional care.

Respite/Day Care

Respite/Day Care services cover care in a respite or day care center for a 4- to 8-hour period.

Day Treatment/Therapies

Day Treatment or partial hospitalization services include up to 12 hours of care for an HIV-specific diagnostic need to include the following:

- Physical therapy;
- Occupational therapy
- Respiratory therapy; and
- Dietitian services for HIV-specific diagnosis.

Certification of Home Healthcare Providers

Home Health Aide Services, Skilled Nursing, Home Intravenous Drug Therapy, Personal Attendant, Day and Respite Care, and Routine Home/Continuous Home Care Services

- Licensed and certified by the Kansas Department of Health and Environment;
- Signed agreement with Kansas Ryan White Title II CARE Program

Durable Medical Equipment Services

- Signed agreement with Kansas Ryan White Title II CARE Program

HOME HEALTHCARE SERVICES (cont.)

Certification of Home Healthcare Providers

Laboratory Services

- Laboratories must be certified by Medicare/Medicaid or CLIA;
- Signed agreement with Kansas Ryan White Title II CARE Program

Physical Therapy Services

- Licensed physical therapist;
- Supervised by a licensed physical therapist;
- Signed agreement with Kansas Ryan White Title II CARE Program

Occupational Therapy Services

- Licensed occupational therapist;
- Signed agreement with Kansas Ryan White Title II CARE Program

Respiratory Therapist Services

- Certified or registered respiratory therapist;
- Signed agreement with Kansas Ryan White Title II CARE Program

Dietian Services

- Registered Dietitian;
- Signed agreement with Kansas Ryan White Title II CARE Program

Reimbursement

Eligible clients are able to utilize up to \$2,000 a month. Preauthorization must be obtained for any service(s) greater than a total of \$150 from the Ryan White Title II CARE Program Office for all visits offered after the initial visit at (316) 337-6136.

The service provider is responsible for seeking preauthorization prior to services being offered to ensure payment.

For a more detailed explanation, see Reimburse Procedures (Page 27).

To verify if a home healthcare agency is participating with the Kansas Ryan White Title II CARE Program, please contact a local Kansas Ryan White Title II Case Manager (Page 35).

REIMBURSEMENT PROCEDURES

General Submission Guidelines

The Ryan White Title II CARE Program customarily reimburses eligible providers based on the Medicaid rate; however, this may differ depending upon the service category. Reimbursement for services will only be made for those clients actively enrolled in the Ryan White CARE Program.

These general submission guidelines are a requirement of all claims. Once claims are received, they are assessed based on these criteria before being processed for reimbursement. The following criteria must be utilized in order to process reimbursement for claims submitted:

- Generated on a standard HCFA-1500, RRB-1500, OWCP-1500 **or** Provider generated invoice document;
- Indicate the following information:
 - Client Participant Number and/or Name;
 - Date of Service(s);
 - CPT Code, NDC Number and/or Detailed Explanation of Services Rendered;
 - Pre-authorization Number (for medication only);
 - Copy of pre-authorization letter (for services other than medications needing prior authorization);
 - Prescription number (for medication only)
- Submitted within **30 days** of the date of service, unless otherwise authorized by the ADAP Director or Field Operations Director.

If any of this information is not included on/with the claim, the claim will be returned for insufficient information and may be subject to denial. Any claims submitted **after 30 days** may be subject to denial.

Claims must be sent to the following address:

ADAP and Primary Care

Kansas Department of Health and Environment, BEDP
Attn: Ryan White Title II CARE Program
1000 SW Jackson, Suite 210
Topeka, KS 66612-1274

Dental, Mental Health, Substance Abuse Treatment and Home Health

Kansas Department of Health and Environment, BEDP
Attn: Ryan White Title II CARE Program
130 S. Market, Suite 6050
Wichita, KS 67202

In order to ensure the confidentiality of our enrollees, **“CONFIDENTIAL” must be stamped on any envelope containing client-identifying information.** Although this measure does not guarantee 100% confidentiality, it does reduce the likelihood of any breaches in confidentiality.

REIMBURSEMENT PROCEDURES (cont.)

Prior Authorization

Prior to services being rendered the provider must obtain or ensure that the following information has been obtained:

- Copy of or requested current Ryan White Title II Program Participant Card; and/or
- Obtained prior authorization for services. Below are listed a quick reference of services that must be prior authorized:
 - **Dental Services:**
 - Any services not listed in pricing list; and
 - Any services totaling over \$150.00.
 - **Home Healthcare Services:**
 - Any services over \$150.00.
 - **Medications:**
 - All medications prior to dispensing.
 - **MH/SA Services:**
 - All visits after initial visit

Denial for Services

When a claim is denied for payment, a denial letter will be sent to the provider with the reason(s) for the denial. Below are listed common situations for which services **are not** covered under the Ryan White Title II CARE Program.

- Services provided by a provider who **does not** have a current agreement with the Ryan White Program;
- Services requiring preauthorization that are not authorized prior to time services were rendered;
- Services provided to a client **not** enrolled in the program at the time services were rendered;
- Claims submitted **after 30 days** of date of service;
- Services administered on an inpatient basis or in an emergency room; or
- Services submitted where there is another primary payee.

The following list each of the programs by which the Ryan White Title II CARE Program provides reimbursement for services. Each program explains, to some detail, the information necessary apart from the “General Guidelines.”

If there are questions regarding invoices, payments or denials of payment, contact the Ryan White Title II CARE Program in Topeka (785) 296-8891 or in Wichita (316) 337-6136.

AIDS Drug Assistance Program (ADAP) Reimbursement

Prior Authorization

- Pharmacists must verify the status of ALL Ryan White Title II clients before dispensing medications by calling the Ryan White Title II CARE Program at (785) 296-8891;
- If authorization is not obtained, submitted claims will be denied.

Reimbursement

Authorized services will be reimbursed at:

- Contracted rate of:
 - Average Wholesale Price (AWP) less ten percent (10%), per current Redbook;
 - Other price determined by authorization of ADAP Manager; or
 - If pharmacy is PHS contracted provider, reimbursement will be made at:
 - PHS price, and
 - Dispensing fee
- As defined in “General Submission Guidelines;” and
- Claims not submitted appropriately or timely may be denied

Clients Eligible for Medicaid with Spenddown

Prior authorization and reimbursement guidelines will be consistent for clients eligible for Medicaid while meeting necessary spenddown criteria. Once clients have met their Medicaid Spenddown, the following procedures must be met:

- Providers must bill Medicaid for services rendered;
- Service(s) reimbursement by Kansas ADAP **and** not applied to Medicaid Spenddown **MUST** be refiled to Medicaid;
- Once reimbursed by Medicaid, reimbursement to Kansas ADAP is **mandatory**
- Billable service(s) covered by Medicaid are payable by Medicaid one-year from date of service(s)

Clients Waiting for Medicaid Eligibility

Prior authorization and reimbursement guidelines will be consistent for clients waiting for Medicaid eligibility. Once clients have become eligible, the following procedures must be met:

- Providers must bill Medicaid for services rendered;
- Service(s) reimbursement by Kansas ADAP and not applied to Medicaid Spenddown **MUST** be refiled to Medicaid;
- Once reimbursed by Medicaid, reimbursement to Kansas ADAP is **mandatory**
- Billable service(s) covered by Medicaid are payable by Medicaid one-year from date of service(s)

Questions regarding Medicaid coverage may be directed to the Provider Assistance Unit at (800) 933-6593 (In Kansas) or (785) 273-5700 (Outside Kansas).

Clients With Private Insurance

Clients with private insurance may be eligible or have applied for the Kansas Health Insurance Assistance (KHIA) Program. In order determine if a client is receiving these benefits, the procedures are outlined in the “General Submission Guidelines.” Failure to follow these guidelines, will subject the claim to denial upon submission.

For more information on the Kansas Health Insurance Assistance (KHIA) Program, see page 22.

Dental Care Program Reimbursement

Prior Authorization

- Preauthorization must be obtained for all service(s) or treatment plans totally over \$150;
- No preauthorization is required for covered services up to \$150;
- All services that are not listed below;
- Dentists and clinics can obtain necessary authorization by calling the Ryan White Title II CARE Program at (316) 337-6136;
- If authorization is not obtained, submitted claims may be denied.

Reimbursement

Authorized services will be reimbursed under the following conditions:

- As defined in “General Submission Guidelines;”
- Claims not submitted appropriately or timely may be denied
- Reimbursement will be made on the below noted services at the following pricing guidelines:
 - Comp Oral Exam \$ 32
 - Periodic Oral Eval..... \$ 20
 - Palliative (Emergency) Treatment \$ 45
 - Prophylaxis Adult \$ 45
 - Extraction..... \$ 70 per tooth
 - Root Removal \$ 80 per root
 - Basic Cleaning \$ 50
 - Full Mouth Debridement \$ 75
 - Core Build-up \$125
 - X-Ray, Bitewings, single film \$ 15
 - X-Ray, Bitewings, two films \$ 25
 - X-Ray, Bitewings, four films..... \$ 30
 - X-Ray, Intraoral-Periapical, first film..... \$ 18 each add. Film (\$ 9)
 - X-Ray, Intraoral-Occlusal film \$ 20
 - X-Ray, Panoramic..... \$ 60
 - Amalgam - One surface \$ 80
 - Amalgam - Two surfaces..... \$ 90
 - Amalgam - Three surfaces..... \$110
 - Amalgam - Four or more surfaces \$150
 - Resin - One surface, Anterior/Posterior..... \$ 95
 - Resin - Two surfaces, Anterior/Posterior..... \$125
 - Resin - Three surfaces, Anterior/Posterior..... \$155
 - Resin - Four or more surfaces, Anterior/Posterior \$195
- Reimbursement will not be made on the below noted services:
 - Crowns
 - Kan-Be-Healthy (KBH) Screening
 - Deep Scale Root Planning
 - Partial
 - Cosmetic Dentistry

Mental Health/Substance Abuse Services (MH/SA) Reimbursement

Prior Authorization

Mental Health Services

- Providers **do not** need authorization for initial visit;
- Prior authorization is necessary for all visits after the initial visit;
- Request for authorization for visits after the initial visit must be obtained by:
 - Contacting the Ryan White Title II CARE Program at (316) 337-6136; and
 - Submission of treatment plan with claim of initial visit;
- If authorization is not obtained, submitted claims may be denied

Substance Abuse Outpatient Services

- Request for authorization for all visits must be obtain by:
 - Contacting the Ryan White Title II CARE Program at (316) 337-6136
- If authorization is not obtained, submitted claims may be denied

Reimbursement

Mental Health Services

Authorized services will be reimbursed at:

- Initial visit (\$75 maximum);
- Each visit thereafter (\$55 maximum);
- Allowable maximum per client is \$1,500 per grant year (April through March);
- If client is found to require additional visits over allowable, further authorization must be obtained by:
 - Contacting the Ryan White Title II CARE Program at (316) 337-6136; and
 - Submission of continued treatment plan.
- As defined in “General Submission Guidelines;” and
- Claims not submitted appropriately or timely may be denied

Substance Abuse Outpatient Services

Authorized services will be reimbursed at Medicaid rate:

- Medicaid rate;
- Allowable maximum per client is \$1,500 per grant year (April through March);
- If client is found to require additional visits over allowable, further authorization must be obtained by:
 - Contacting the Ryan White Title II CARE Program at (316) 337-6136.
- As defined in “General Submission Guidelines;” and
- Claims not submitted appropriately or timely may be denied

Home Healthcare Services Reimbursement

Prior Authorization

- Preauthorization must be obtained for all service(s) totaling over \$150;
- **No preauthorization is required for covered services up to \$150;**
- Only those services provided for conditions related to the client's HIV-infection are reimbursable;
- Home health agency, personal service agency or providers of durable equipment can obtain necessary authorization by calling the Ryan White Title II CARE Program at (316) 337-6136;
- If authorization is not obtained, submitted claims may be denied.

Reimbursement

Authorized services will be reimbursed under the following conditions:

- Eligible clients are subject to a \$2,000 allowable per month in services;
- Copy of physician's order must be remitted with claim(s) for service(s);
- As defined in "General Submission Guidelines;"
- Claims not submitted appropriately or timely may be denied
- Unlike most other direct care services outlined throughout the manual, home healthcare services require submission of other payors (Medicaid and/or Medicare) prior to submission to Kansas Ryan White Title II;
- Reimbursement will be made on the below noted services at the listed pricing guidelines:

Skilled Nursing

- Services provided by an RN (\$60 per visit);
- Services provided by an LPN (\$45 per 1-2 hour visits).

Home Health Aide Services

- Continuous hourly home health care (\$12.50 per hour to a 12 hours per day maximum)

Home Intravenous Drug Therapy

- Services provided by an RN (\$60 per 1-2 hour visits);
- IV Medications will be reimbursed at Average Wholesale Price (AWP) less 10%.

Attendant Care

- Providers will be reimbursed at \$10 per hour

Durable Medical Equipment/Non-durable Supplies

- Level of payment will follow Medicaid guidelines as described in the most current Kansas DME Medicaid Provider Manual for those items that are covered by Medicaid;
- Medicare guidelines will apply for items not covered by Medicaid;
- If neither of these programs pay for the DME provided, reimbursement will be at reasonable and customary rates as determined by the Ryan White Title II CARE Program.

Routine Diagnostic Tests Administered in the Home

- Collection of the specimen by the RN will remain at current Medicaid rate;
- RN Home Health visit (\$60 per visit)
- LPN visit (\$45 per visit);
- Lab work will be reimbursed according to the current rate per test as established by Medicaid

Home Healthcare Services Reimbursement (cont.)

Routine Home/Continuous Home Care Services

Continuous Home Care covers nursing care in the home of which 50% must be professional care. The following are rates by location as determined by Medicaid:

<u>SERVICE</u>		<u>CITY/COUNTY</u>	<u>COST</u>
Routine Home Care (Daily)	1.	Wichita	\$94.00
	2.	Wyandotte, Johnson, Miami and Leavenworth Counties	85.48
	3.	Shawnee County	93.51
	4.	Douglas County	85.56
	5.	Other Counties	75.65
Continuous Home Care (Hourly)	1.	Wichita	\$22.84
	2.	Wyandotte, Johnson, Miami and Leavenworth Counties	20.77
	3.	Shawnee County	22.72
	4.	Douglas County	20.79
	5.	Other Counties	18.38

Respite/Day Care

- \$25.00 per day

Day Treatment/Therapies

- Physical therapy by or under the supervision of a licensed physical therapist (\$65 per visit);
- Physical therapy assistant (\$55 per visit);
- Occupational therapy provided by or under the supervision of a licensed occupational therapist (\$65 per visit);
- Delivery of aerosolized pentamidine treatment by a certified or registered respiratory therapist (\$35 per visit);
- Services of Dietitian for HIV-specific diagnosis (\$50 per visit)

Primary Care Services Reimbursement

Prior Authorization

- No preauthorization is required for services;
- Only those services provided for conditions related to the client's HIV-infection are reimbursable.

Reimbursement

- Shall be the same as Medicaid rates in effect at the time the service is provided.
- Immunizations and vaccines may include cost of vaccine and administration;
- As defined in “General Submission Guidelines;”
- Claims not submitted appropriately or timely may be denied.